AMENDED IN ASSEMBLY APRIL 9, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 2589

Introduced by Assembly Member Solorio

February 22, 2008

An act to add Section 1367.08 to the Health and Safety Code, and to add Section 10604.5 to the Insurance Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 2589, as amended, Solorio. Health care coverage: public agencies. The Knox-Keene Health Care Service Plan Act of 1974, the willful violation of which is a crime, provides for the licensing and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Under existing law, health care service plans and health insurers are required to make certain disclosures to enrollees and insureds. Existing law also provides for the licensing and regulation of insurance agents and brokers.

This bill would require a health care service plan or a health insurer to annually disclose to the governing board of a public agency that is the subscriber of a group contract or the policyholder of a group health insurance policy specified information, including any fees or commissions paid to any agent, broker, or other individual. Because this the bill would create a new requirement under the Knox-Keene Health Care Service Plan Act of 1974, the willful violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

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This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1367.08 is added to the Health and Safety 2 Code, to read:
- 1367.08. A health care service plan shall annually disclose to the governing board of a public agency that is the subscriber of a group contract all of the following information:
 - (a) The name of the plan and the contract or identification number.
 - (b) The contract year.

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- (c) A description of the benefits provided under the plan.
- (d) The approximate number of persons covered under the group contract at the end of the contract year.
- (e) The total premiums paid for all enrollees of the group contract.
- (f) The group contract, the name and address of, and amount paid to, any agent, broker, or individual to whom the plan paid fees or commissions.
- 17 SEC. 2. Section 10604.5 is added to the Insurance Code, to 18 read:
 - 10604.5. An insurer shall annually disclose to the governing board of a public agency that is the policyholder of a group health insurance policy all of the following information:
- 22 (a) The name of the insurer and the policy or identification 23 number.
 - (b) The policy year.
- 25 (c) A description of the benefits provided under the policy.
 - (d) The approximate number of persons covered under the group policy at the end of the contract year.
- 28 (e) The total premiums paid for all insureds under the group 29 policy.
- 30 (f) The insurance policy, the name and address of, and amount paid to, any agent, broker, or individual to whom the insurer paid
- 32 fees or commissions.

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SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.